



Wisconsin Department of Revenue
PO Box 8992
Madison WI 53708-8992

LOCAL EXPOSITION TAX RETURN

For reporting and paying
Local Exposition Taxes in: **Wisconsin Center District**

SS# or FEIN

Tax Account Number	Period Begin Date	Period End Date	Due Date
--------------------	-------------------	-----------------	----------

☐ Check if this is an **AMENDED** return

☐ Check if address change
(Note changes on the back of the form)

☐ Check if business discontinued
(Note changes on the back of the form)

Complete form using **BLACK INK**

NO COMMAS

Basic Room Tax	1 Taxable Receipts	1	_____
	2 Basic Room Tax (multiply Line 1 by _____)	2	_____
Additional Room Tax	For lodging furnished in: City of Milwaukee		
	3 Taxable Receipts	3	_____
	4 Additional Room Tax (multiply Line 3 by _____)	4	_____
Food and Beverage Tax	5 Taxable Receipts	5	_____
	6 Food and Beverage Tax (multiply Line 5 by _____)	6	_____
Rental Car Tax	7 Taxable Receipts	7	_____
	8 Rental Car Tax (multiply Line 7 by _____)	8	_____
Amount Due	9 TOTAL TAX DUE (add Lines 2, 4, 6 and 8)	9	_____
	10 Interest and Penalty (<i>see instructions</i>)	10	_____
	11 TOTAL AMOUNT DUE (add Lines 9 and 10)	11	_____

This return must be filed by the due date, even if you have no tax to report. Failure to timely file this return will result in a late filing fee and may result in additional penalties. Please see the instructions for additional information regarding the computation of penalties.

I hereby certify that the amounts entered on this return are true and correct to the best of my knowledge and belief.

Contact Name (<i>please print</i>)	Signature	Date	Phone ()
--------------------------------------	-----------	------	------------------

Mail return and remittance to:

FOR DEPARTMENT USE ONLY

Wisconsin Department of Revenue
PO Box 8992
Madison WI 53708-8992



Phone: (608) 266-2776
E-Mail: sales10@revenue.wi.gov
Web site: www.revenue.wi.gov

Business Discontinued Date:

MM DD YYYY

Please indicate reason for discontinuation:

- | | | |
|--------------------------------------------------------|-------------------------------------------------------|------------------------------------------|
| <input type="checkbox"/> Deceased | <input type="checkbox"/> Merger with _____ | <input type="checkbox"/> Partner added |
| <input type="checkbox"/> Formed LLC | <input type="checkbox"/> Business did not materialize | <input type="checkbox"/> Partner dropped |
| <input type="checkbox"/> Incorporated | <input type="checkbox"/> No taxable activity | <input type="checkbox"/> Sold to _____ |
| <input type="checkbox"/> Other <i>(please explain)</i> | | |

☐ **Mailing Address Change**

Street Address or PO Box

City

State

Zip code

☐ **Business Location Change**

Street Address

City

State

Zip code